

CHARD RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH.

FOR THE YEAR ENDED 31st DECEMBER, 1952.

PUBLIC HEALTH OFFICERS:

Medical Officer of Health:

Dr. A. M. McCall M.R.C.S., L.R.C.P., D.P.H.

Sanitary Inspectors:

E. Whisker M.S.I.A.

C. V. Muggeridge M.S.I.A.

G. H. Wheeler M.S.I.A. (from 5th August, 1952).

CHARD RURAL DISTRICT

-- in the --

COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE

YEAR ENDED 31st DECEMBER, 1952.

To the CHARD RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Report for 1952.

It was a healthy year in the Rural District and there was no epidemic disease. The most serious occurrence was the outbreak of food poisoning among children in schools who obtained their milk from Chard. This has been fully reported elsewhere. The lesson from this outbreak still remains. Pasteurisation of milk is the only way of ensuring the public of safe milk.

There were two extensions of the welfare services in the area in 1952. The numbers attending the Merriott Child Welfare Clinic became so large that it was found necessary to increase the sessions to twice per month. An Ante Natal Clinic was started in Crewkerne. This offers facilities to mothers living in villages in that area to obtain routine blood investigation in pregnancy. This particularly concerns the Rh reaction of maternal blood. It is a factor which in recent years has been recognised as having a very important bearing on the chances of survival of certain infants. The provision of these extra facilities, though small in themselves, help over the years to improve the Infant Mortality Rates.

The progress of the housing schemes was most satisfactory. In addition, in an effort to carry out a Housing Survey, the Council appointed Mr. Wheeler as Additional Sanitary Inspector. He has proved himself an energetic officer and has materially helped in the Health Department.

I wish to thank the Public Health Committee and Mr. Whisker and his staff for the courtesy they have shown me and their help throughout the year.

I am,
Your obedient Servant,

A. M. McCALL,

M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health.

Health Department,
16, Church Street,
CREWKERNE, Somerset.
23rd September, 1953.



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CHARD RURAL DISTRICT

--- in the ---

COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED 31st DECEMBER, 1952.

SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

POPULATION:

The Registrar-General gives the estimated population for Chard Rural District for mid-year 1952 as 13,090, an increase of 800 more than last year. The main details of the district are shown in Appendix A, Table 1.

BIRTH RATE:

The Birth Rate was 14.7 per thousand. When the Comparability factor (which allows for age differences in population) is taken into account, the corrected figure of 16.2 compares favourably with 15.3 for England and Wales as a whole.

DEATH RATE:

Appendix A, Table 2, shows the details for the year. Heart disease again heads the list having been responsible for the highest number of deaths during the year. As the tempo of life increases even in a rural area the mortality rates tend to follow those which have been common to the large towns for some time now. Of the 14 deaths due to accident five were due to motor vehicles.

MATERNAL MORTALITY:

One case of maternal death occurred during the year. This was due to a massive collapse of the lungs while anaesthetised for operation.

INFANT MORTALITY:

Two cases of infantile mortality occurred during the year. One child due as a result of injury during childbirth and the other due to a congenital abnormality.

SOCIAL CONDITIONS:

Your social services remained unchanged, unemployment was at a low level during the year.

SECTION B. GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The County Council as local health authority defines policy and the local details are left to the area officers to carry into effect. This is a system which works satisfactorily in the Chard Rural District.

MATERNITY SERVICES:

The responsibility for the maternity services in the area falls upon the County Council but the work is mainly carried out by the general practitioners and district nurses. Ante natal examinations are carried out by the doctors and nurses. There is one official clinic at Crewkerne where mothers from the nearby villages can avail themselves of the facilities offered. I attend this clinic once a month to take blood samples for routine examination of haemoglobin, blood groups, Rh Factor and Wasserman tests. The reports are sent to the private practitioner concerned and the district nurse. The general practitioner or the district nurse arrange for the admission to hospital for cases with previous unsatisfactory obstetric histories, any complications arising during confinement or those cases whose home conditions necessitate hospitalisation. All district nurses in the area are equipped with gas anaesthesia machines.

INFANT WELFARE CLINICS:

I am happy to be able to report that all the clinics were again well supported and that the new clinics at Winsham and Tatworth continued to flourish.

Merriott: It was found that the numbers attending this clinic were so great that the monthly clinic was inadequate and during 1952 clinics were held twice a month throughout the year. Reference to Appendix B, Table 1, will show the details of the attendances. They reflect great credit on Miss Sellars, the Secretary, and the active committee who are responsible for the sessions.

SECTION B. (Continued).

Shepton Beauchamp: The clinic is held in this village once monthly when Dr. Munden is in attendance. The numbers show an increase on the previous year and I give full details in Appendix B, Table 1.

Tatworth: This clinic continued to be held once a month and the numbers attending have gone up since I last reported. It will be noticed that the majority of mothers are proving to have their children immunised against whooping cough as well as diphtheria at these clinic sessions. This is encouraging because it has been found that inoculation against whooping cough is of definite value. It is a distressing disease particularly in the very young and best avoided.

Winsham: This clinic is held once a month. Dr. Eliot from County Hall attends each session. The numbers remain satisfactory.

IMMUNISATION:

Immunisation against diphtheria and against whooping cough is carried out by private practitioners and by doctors at the welfare clinics. In addition I immunise children attending County schools in the area. By 31st December, 1952, it was estimated that of the children under 14 in the area a total of 2,128 had been immunised. This is a high percentage of the whole.

VACCINATION:

The number of vaccinations carried out during the year was not as high as usual and indeed was considerably lower than in 1951. Vaccination is necessary when entering the armed services, most boarding schools and for travel abroad. The reaction is much less in the very young and the habit of putting off is to be deprecated.

HEALTH VISITING:

Mrs. Pitt is the Health Visitor for the area. She attends a number of school inspections and she follows up all defects found, encouraging parents to keep appointments and to act on the advice given. She is also the Tuberculosis Visitor and attends the sessions at the Sanatorium. She also visits all cases on the Tuberculosis Register.

DOMICILIARY NURSING:

Domiciliary nursing is carried out by the district nurses. There are eight in this area. They do a very great deal of work during the year. Many of their visits are made in inclement weather and in inaccessible parts of the rural area and my thanks are due to them for the very high standard of their work throughout the year. Details will be found in Appendix B, Table 2.

HOME HELP SERVICE:

The County Home Help Service is available for all who request help. The Area Organiser visits each house where help is requested, assesses the amount and type of help required and then arranges for one of the helpers to visit. It is a very great help in time of sickness.

NATIONAL ASSISTANCE ACT:

Four cases were brought to the notice of the Council of persons in need of care and attention but fortunately it was not necessary to apply to the Court to persuade them to accept hospital treatment.

SCHOOL MEDICAL INSPECTIONS:

I have visited all schools in the area for the purpose of medical inspections and details of my work will be seen in Appendix B, Table 3. The value of these medical inspections depend very largely on the co-operation of the parents, the teachers and the private practitioners. I am happy to say that this co-operation has been most marked during the year and the number of parents attending the inspections at primary schools is increasing. If a defect is found in a child whose parent is not present I write a letter to the private practitioner and send it sealed to the parent asking them to take the child and the letter to the doctors surgery. Only in a very few cases has the parent failed to carry out their part. The prompt medical attention to a defect found in the early stages usually cuts down the time of treatment to a minimum and a satisfactory recovery is obtained with the result that children leaving school to-day are mostly very healthy and are a great credit to their parents and teachers.

SECTION B. (Continued).

SCHOOL DENTAL SERVICE:

Once again I have to report a most unsatisfactory year. A few children in the area are given emergency treatment at Taunton and some of the others attend private dentists in the nearby towns. In no case was a routine dental inspection carried out in any of our schools in 1952.

OPHTHALMIC SERVICES:

All cases with visual defects found at school medical inspections are referred to the County Occulist. They are subsequently given regular appointments throughout their school life. The cases of children requiring operative treatment has improved during the year and now delays for beds are very much shorter. This is a direct result of the waiting list being overhauled following reports made to the County Medical Officer of Health.

ORTHOPAEDIC SERVICES:

Orthopaedic clinics are held at Taunton and Yeovil where the surgeon is in attendance. In addition a clinic is held once a month at Crewkerne where the Orthopaedic Sister supervises cases in that part of the Rural District.

SECTION C.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES AND OTHER DISEASES.

A summary of the cases notified will be seen in Appendix C, Table 1. It will be seen that there were very few cases in 1952 and no epidemic of infectious disease. However, there were four cases of Poliomyelitis. In September there was an explosive outbreak of food poisoning which affected a number of our schools near Chard.

MILK OUTBREAK: On Friday, 26th September, I, as Assistant School Medical Officer, was notified by a Chard teacher that several pupils were absent with dysentery. Head Teachers of all schools in the area were immediately questioned and it was clear that the cases roughly corresponded to the children taking school milk. All general practitioners in the area were informed. The milk supply was T.T. non-pasteurised milk and supplied to all the affected schools by one dairy. Inquiries at the dairy proved negative but instructions were given that all milk from this source was to be heat treated pending further direction. A visit was then paid to the farm which was found to be first class in all respects. All the milk came from one herd. Inquiries revealed that although the herd was in good shape one cow had been removed from the herd on Wednesday, September 23rd, suffering from mastitis. The cow was immediately re-examined by a Veterinary Surgeon who now diagnosed a Salmonella infection.

On Saturday morning, the 27th, the County Laboratory reported that Salmonella dublin had been recovered from specimens of the cow's milk and also from the specimens of patients' faeces. The general practitioners were again informed and advised re treatment.

Six schools in the area were affected and some 196 children were ill to varying degrees, some of them very acutely. In addition, several adults who had been supplied from the same source, were affected. The average absenteeism from school was only two days and it would appear that the prompt measures taken prevented any secondary cases.

Permanent arrangements have since been made for the milk supply to these schools to be pasteurised.

MASS RADIOGRAPHY: In September the Mass Miniature Radiography Unit visited Standard Telephones and Cables Ltd., Ilminster, and carried out a routine inspection of 734 persons there. Results are shown in Appendix C, Table 2. B.C.G. immunisation is available for all persons exposed to undue risk of Tuberculosis such as nurses, medical students and susceptible contacts.

SECTION D.

ENVIRONMENTAL HEALTH SERVICES.

(a) SANITARY CIRCUMSTANCES:

CLIMATIC CONDITIONS: The weather was again extremely wet during the year but there was slightly more sun than in the previous one. However, there was no flooding in the area.

WATER SUPPLY: The quality and quantity of water was satisfactory throughout the year. However, the Regional scheme is now running to capacity and a plan was prepared and agreed for its augmentation. This should be in hand by the time I next report. Routine sampling was done and all reports on the main supply were satisfactory. Details will be found in Appendix D, Table 1. Extensions were made towards Tytherleigh, Chard Parish, a 6" duplicate main to Broadway Pound, Broadway, and a pressure control and storage tank was constructed at Leigh Lodge, Winham.

SECTION D. (Continued).

SEWAGE DISPOSAL:

The six parishes with main drainage and efficient disposal systems are Chard Parish, Combe St. Nicholas, Merriott, Misterton, Winsham and Shepton Beauchamp. During the year extensions were made as follows:-

- (1) 6" sewer extension at Back Street, Winsham (in course of construction);
- (2) New sewage filter installed at Chaffcombe;
- (3) Settlement tank constructed and irrigation area improved at Merriott;
- (4) Improvement works carried out to irrigation area at Misterton sewage outfall.

Schemes for sewerage villages at Broadway, Donyatt and Dowlish Wake are under preparation by the Council's Consulting Engineer.

PUBLIC CLEANSING:

This is carried out by direct labour using one full-time refuse collection vehicle and one part time lorry. There is a fortnightly collection for the majority of villages, but it is collected once monthly in scattered parishes. There is no scheme for the collection of trade refuse but it is accepted at the refuse depot at a small charge. Cesspool emptying is carried out by contract and standard charges have been laid down. Disposal of refuse is by controlled tipping and negotiations are in progress for the acquisition of a second tip.

CAMPING SITE:

There is only one registered camping site in the Rural District of Chard but 20 individual licences have been issued.

(b) HOUSING:

Once again I am able to report that a satisfactory year's progress has been made towards providing housing of a high standard for the inhabitants of the district. Full details will be found in Appendix D, Table 2. In an effort to carry out a Housing Survey parish by parish another qualified Sanitary Inspector was engaged in 1952. The number of unfit houses will remain approximate until this survey is completed. I am pleased to note that there is a fall of just over 50 in the number of applicants for council houses at the end of the year.

(c) INSPECTION AND SUPERVISION OF FOOD:

MILK:

There is only one registered distributor in the area and one dairy premises registered for the same purpose. A supplementary licence was issued to a distributor whose dairy is outside the area.

ICE CREAM:

No ice cream is manufactured in the area but 21 premises are registered for the sale of pre-packed products.

MEAT:

There are no Ministry of Food slaughter-houses in the area, but there is one registered slaughter-house where horses are killed for human consumption and the number of animals killed here was 600.

The Council adopted Byelaws under Section 15 of the Food and Drugs Act, 1938, and they came into operation on 22nd May, 1950.

(d) FACTORY ACTS:

Details will be found in Appendix D, Table 3.

A. M. McCALL,
M.R.C.S., L.R.C.P., D.P.H.
Medical Officer of Health.

A P P E N D I X A , T A B L E I .

Registrar-General's estimate of population mid 1952	...	...	...	13,090
Area:	...	...	...	54,600 acres.
Number of inhabited houses at the end of 1952 according to the Rate Book			...	3,976
Rateable Value	...	...	...	£45,206
Sum represented by a penny rate			...	£183. 6. 9d.

A P P E N D I X A , T A B L E II .

CHARD RURAL DISTRICT.

1952.

BIRTH RATE:

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
<u>Live Births:</u>				
Legitimate	...	95	95	190
Illegitimate	...	<u>1</u>	<u>2</u>	<u>3</u>
	<u>Total</u>	<u>96</u>	<u>97</u>	<u>193</u>
<u>Still-Births:</u>				
Legitimate	...	1	2	3
Illegitimate	...	<u>-</u>	<u>-</u>	<u>-</u>
	<u>Total</u>	<u>1</u>	<u>2</u>	<u>3</u>
<u>Deaths of Infants under 1 year:</u>				
Legitimate	...	2	1	3
Illegitimate	...	<u>-</u>	<u>-</u>	<u>-</u>
	<u>Total</u>	<u>2</u>	<u>1</u>	<u>3</u>
<u>Deaths of Infants under 4 weeks:</u>				
Legitimate	...	2	1	3
Illegitimate	...	<u>-</u>	<u>-</u>	<u>-</u>
	<u>Total</u>	<u>2</u>	<u>1</u>	<u>3</u>

Birth Rate 14.7 per thousand. Comparability Factor 16.2.

A P P E N D I X A , T A B L E III .

DEATHS:

<u>All causes:</u>	<u>82</u>	<u>70</u>	<u>152</u>
<u>Death Rate:</u> 11.6 per thousand.			
<u>Causes of Death:</u>			
Heart disease ...	18	16	34
Other Diseases of the Circulatory System ..	8	23	31
Cancer (all forms) ...	17	6	23
Respiratory Diseases (other than T.B.) ...	8	5	13
Tuberculosis ...	2	2	4
Syphilitic Disease ...	-	1	1
Diabetes ...	1	-	1
Pregnancy and Childbirth	-	1	1
Accidents ...	12	2	14
Suicide ...	1	-	1
Other diseases (defined and ill defined)	15	14	29
<u>Total</u>	<u>82</u>	<u>70</u>	<u>152</u>

APPENDIX B. TABLE I.

MERRICOTT CHILD WELFARE CLINIC.

- (1) Number of children who first attended during the year and who on the first attendance were :-

(a) Under 1 year of age	...	27
(b) Over 1 " " "	...	12
- (2) Number of children in attendance at the end of the year who were then :-

(a) Under 1 year of age	...	25
(b) Over 1 " " "	...	97
- (3) Number of children who attended the centre during the year ... 124
- (4) Total number of attendances during the year made by :-

(a) Children under 1 year	...	246
(b) " over 1 "	...	384
(c) Mothers	...	242
- (5) Number of individual mothers who attended during the year ... 86
- (6) Total number of sessions held :-

(a) With Medical Officer	...	24
(b) Other sessions	...	Nil.
(c) Number of children examined by doctor	...	86
(d) Total number of medical consultations	...	264

SHEPTON BEAUCHAMP CHILD WELFARE CENTRE.

- (1) Number of children who first attended during the year and who on the first attendance were :-

(a) Under 1 year of age	...	20
(b) Over 1 " " "	...	13
- (2) Number of children in attendance at the end of the year who were then :-

(a) Under 1 year of age	...	18
(b) Over 1 " " "	...	33
- (3) Number of children who attended the Centre during the year ... 78
- (4) Total number of attendances during the year made by :-

(a) Children under 1 year	...	138
(b) " over 1 "	...	357
(c) Mothers	...	313
- (5) Average attendances per session of :-

(a) Children under 1 year	...	4.5
(b) Children over 1 "	...	29.7
(c) Mothers	...	26
- (6) Number of individual mothers who attended during the year ... 59
- (7) Total number of sessions held:-

(a) With Medical Officer	...	12
(b) Other sessions	...	Nil.
(c) Number of children examined by doctor	...	66
(d) Total number of medical consultations	...	169

TATWORTH INFANT WELFARE CENTRE.

- (1) Number of children who first attended during the year and who on the first attendance were :-

(a) Under 1 year of age	...	16
(b) Over 1 " " "	...	1
- (2) Number of children who attended during the year 59

A P P E N D I X B, T A B L E I. (Continued).

TATWORTH INFANT WELFARE CENTRE.

(3)	Total number of attendances during the year made by :-			
	(a) Children under 1 year	...	...	77
	(b) " over 1 "	...	...	250
(4)	Total number examined by doctor	...	...	42
(5)	Total number of consultations	...	...	122
(6)	Vaccinations	...	...	12
(7)	Immunisations (diphtheria only) ..	...	...	3
(8)	Combined Immunisations (diphtheria and whooping cough)	...	...	18

A P P E N D I X B, T A B L E II.

Work of District Nurses during 1952.

<u>District Nurse.</u>	<u>Babies born at home.</u>	<u>Babies born in hospital.</u>	<u>Total.</u>	<u>Number of visits to homes.</u>
Merriott Hinton St. George	14	15	29	2,700
Buckland St. Mary	5	4	9	1,270
Ilminster Ilton Donyatt	17	23	40	2,763
Misterton Clapton Wayford	12	8	20	3,646
Winsham	22	28	50	5,419

Reports from other areas not received.

A P P E N D I X B. T A B L E I I I.

CHARD RURAL SCHOOLS.

Name of School.	No. on Roll.	No. In- -spected.	No. Im- -munised.	Date of Inspection.	Date of last Den- -tal Inspection.	Child- -ren having Milk.	Child- -ren having Dinners.
Ashill ...	12	12		4. 3.52	1947	100%	85.33%
Broadway ...	40	22	23	18. 3.52	1948	90%	82.5%
Buckland St. Mary	44	27		13. 3.52	1948	100%	85%
Chaffcombe ...	28	22		6. 3.52	1948	100%	89.28%
Chillington ...	34	22		18. 3.52	1948	88.23%	94.11%
Combe St. Nicholas	67	28		19. 3.52	1948	89.59%	35.82%
Donyatt ...	20	6	2	13. 3.52	1950	100%	94%
Hinton St. George	48	21		26. 3.52	1948	93.76%	56.22%
Horton ...	49	27		25. 3.52	1948	84.84%	53.06%
Ilton ...	66 78	32 34	26	14. 1.52 18. 9.52	1948	100% 97.43%	78.78% 78.25%
Lopen ...	12 13	6 6		13. 3.52 30.10.52	1948	100% 100%	58.33% 46.15%
Merriott ...	98	34		14. 5.52	1948	73.47%	30.61%
Misterton ...	46	23		27. 3.52	1947	100%	30.43%
Seavington ...	30	7		27. 3.52	1948	96.66%	80%
Shepton Beauchamp	55	23	7	11. 5.52	1948	94.54%	49.09%
Tatworth ...	87 99	42 51	29	16. 1.52 16. 9.52	1947	87.35% 95.95%	34.48% 33.33%
Wambrook ...	16 17	13 17		21. 2.52 17. 9.52	1948	87.5% 88.23%	100% 94.11%
West Crewkerne ...	45	13		13. 5.52	1948	66.66%	97.77%
Whitestaunton ...	23	15		19. 6.52	1948	86.66%	82.61%
Winsham ...	74	39		28. 3.52	1948	98.64%	70.43%
<u>Totals</u>		<u>542</u>	<u>87</u>				

APPENDIX C, TABLE I.
PREVALENCE OF, AND CONTROL OF INFECTIOUS DISEASES AND
OTHER DISEASES.

Notifications other than Tuberculosis.

<u>Disease.</u>			<u>Total cases notified.</u>
Measles	...	...	10
Scarlet Fever	...	...	4
Puerperal Pyrexia		...	1
Whooping cough		...	7
Dysentery	...	...	1
Acute Primary Pneumonia	...		-
" Influenzal Pneumonia			2
Acute Poliomyelitis		...	4
Erysipelas	...	...	1
Food Poisoning	...	...	2

ANALYSIS OF CASES NOTIFIED.

Under 1 yr. 1-2. 2-3. 3-4. 4-5. 5-10. 10-15. 15-20. 20-35. 35-45. 45-65. 65+

Measles			2	2	6						
Scarlet Fever		1			2		1				
Puerperal Pyrexia								1			
Whooping cough	1	1	1		4						
Dysentery		1									
Pneumonia										2	
Poliomyelitis					2		2				
Erysipelas					1					1	
Food Poisoning							1			1	

TUBERCULOSIS.

<u>Age Group.</u>	<u>New Cases.</u>				<u>Deaths.</u>			
	<u>Respiratory.</u>		<u>Non-Respiratory.</u>		<u>Respiratory.</u>		<u>Non-Respiratory.</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
- 1								
1 - 5			1					
5 -15			1					
15 -25	1	1						
25 - 35	1	1						
35 - 45	1	2				1		
45 - 55		1						
55 - 65	1							
65 +	1				2	1		
Unknown		1						
<u>Total</u>	5	6	2	-	2	2	-	-

APPENDIX C, TABLE II.

MASS RADIOGRAPHY.

Report of survey at Standard Telephones & Cables Limited, Dowlish Ford Mills.
September, 1952.

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Miniature Films:	<u>Total</u> ...	428	306	734
Large Films:	Total recalled	22	9	31
	Did not attend	-	-	-
	Normal ...	9	2	11
	Significant	11	4	15
	Under observation	2	3	5

Tuberculous Conditions:

Active.

	<u>M.</u>	<u>F.</u>	<u>Total.</u>	<u>N.A.</u>	<u>Dr.</u>	<u>Disp.</u>	<u>San.</u>
Primary Lesion	-	-	-	-	-	-	-
Post-Primary unilateral	1	2	3			3	
Post-Primary bilateral	-	1	1				1
Tuberculous Pleural effusion	-	-	-	-	-	-	-
<u>Total</u>	1	3	4	-	-	3	1

Inactive:

Primary Lesion	3	-	3	2	-	1	-
Post-Primary Lesion	5	-	5	1	-	4	-
<u>Total</u>	8	-	8	3	-	5	-

N.A. = No action.
Dr. = Patient's own doctor.
Disp. = Under observation at Dispensary.
San. = Sanatorium treatment required.

ANALYSIS OF TUBERCULOUS CASES.

	<u>Under 15.</u>	<u>15-24.</u>	<u>25-34.</u>	<u>35-44.</u>	<u>45-59.</u>	<u>60+</u>	<u>Total.</u>
<u>Active Tuberculosis:</u>							
Male ...			1				1
Female ...		3					3
<u>Total</u>		3	1				4
<u>Inactive Tuberculosis:</u>							
Male ...		1	1	5	1		8
Female ...							
<u>Total</u>		1	1	5	1		8

A P P E N D I X D , T A B L E I .

WATER SUPPLY.

PIPED SUPPLIES - results of samples taken for analysis:

<u>Raw Water.</u>				<u>Treated after going into supply.</u>			
<u>Bacteriological.</u>		<u>Chemical.</u>		<u>Bacteriological.</u>		<u>Chemical.</u>	
<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsat-</u>
<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-isfactory.</u>
1	-	1	-	16	-	5	-

WATER SUPPLIES FROM PUBLIC MAINS.

<u>Direct to the Houses.</u>		<u>By means of Standpipes.</u>	
<u>No. of Dwelling-</u>	<u>Population.</u>	<u>No. of Dwelling-</u>	<u>Population.</u>
<u>-houses.</u>		<u>-houses.</u>	
2,630	8,499	53	186

A P P E N D I X D, T A B L E II.

<u>H O U S I N G .</u>								
	Houses erected during the year.		Houses in course of erection.		Conversion to Flats or Dwellings.		Temporary such as Army Huts, &c.	
	Perm.	Temp.	Perm.	Temp.	Perm.	Temp.	Perm.	Temp.
Local Authority	38	-	40	-	-	-	-	-
Private Enterprise	18	-	8	-	5	-	-	-
<u>Totals</u>	56	-	48	-	5	-	-	-

Inclusive of those above built during the year:

(a) Total number of houses in District	...	...	3,976
(b) " " " " owned by Local Authority	...	...	515

No. of Post-War houses erected to 31st December, 1952:

(a) By Local Authority	...	...	261
(b) By Private Enterprise	...	...	74

Programme for 1953:

(a) By Local Authority	...	...	60
(b) By Private Enterprise	...	...

(a) No. of unfit houses in the District but on which no formal action has been taken	...	...	232
(b) No. of houses that have been condemned under the Housing Acts as totally unfit	...	...	3
(c) No. of houses occupied under (a)	...	...	232
(d) No. of houses occupied under (b)	...	...	Nil

Houses required:

Will not be known until the Housing Survey - Parish by Parish is completed.

Total number of applicants for Council Houses at the end of the year 413

APPENDIX D, TABLE III.

FACTORIES ACT, 1937.

Inspections for the purpose of provisions as to Health
(including Inspections by the Sanitary Inspector).

<u>Premises.</u>	<u>Number on Register.</u>	<u>Inspections.</u>	<u>Written Notices.</u>	<u>Occupiers prosecuted.</u>
Factories in which Section 1,2,3,4 and 6 are to be enforced by Local Authorities	10	14	-	-
Factories not included in (i) in which Section 7 is enforced by the Local Authority	26	19	1	-
<u>Total</u>	36	33	1	-

Cases in which defects were found	...	1
" " " " " remedied	...	1

OUTWORK.

No. of Outworkers in August List required by Section 110.

98	making wearing apparel.
26	" lace, lace curtains & nets.
10	brush making.
<u>134</u>	

A. M. McCall,
M.R.C.S., L.R.C.P., D.P.H.
Medical Officer of Health.

Health Department,
16, Church Street,
CREWKERNE, Somerset.
23rd September, 1953.

